# PARTNERS IN POLICYMAKING ACADEMY

*A project of the Governor's Council for People with Disabilities*

## Application for Participation

~~Due June 6, 2008~~ **DEADLINE EXTENDED UNTIL JULY 7!**

Sessions begin October 2008 and end May 2009

**Contact:**

**Partners in Policymaking**
**c/o Governor's Council for People with Disabilities**
**150 W. Market St. Suite 628**
**Indianapolis, IN 46204**

**(317) 232-7771 Voice**
**(317) 233-3712 Fax**
**(866) 234-1635 (Toll free voice mail)**
**PIP@gpcpd.org**

This application and additional information about the program is posted on the Governor's Council for People with Disabilities Web site at
**www.state.IN.us/GPCPD**
**click on projects and then Partners in Policymaking**

*This application can be made available in accessible formats upon request.*

**Dear Advocate:**

- *Are you a parent of a child with a disability or a person with a disability?*
- *Would you like to see a barrier free society where everyone is a valued member of his or her community?*
- *Are you interested in promoting change within your community?*
- *Within the state?*

If you answered **YES!** to these questions, you might be interested in applying to become one of a growing number of over 500 people who are graduates of Indiana's Partners in Policymaking Academy. Partners is a leadership-training program for beginning and intermediate level advocates, that is scheduled for one Friday and Saturday a month for eight months.

The Partners in Policymaking Academy provides skill building, and up-to-date information on best practices regarding local, state, and national issues that affect individuals with disabilities. Upon graduation from the Partners in Policymaking Academy, participants will be prepared to advocate for themselves and their children, and to play a leadership role in policy development and advocacy within their communities.

Each session is devoted to specific topics with national, state and local experts as presenters. Partners are expected to complete assignments between sessions and to commit to one major assignment in their hometown.

The program is open to a limited number of people. If selected, the program will cover hotel, travel, childcare and other related expenses.

- **Session Dates:** Sessions take place in Indianapolis, <u>one weekend a month from October, 2008 through May, 2009</u>. The sessions begin at 12:00 pm on Friday and end at 4:00 pm on Saturday except for the December session, which is combined with the first day of the Council's annual conference.
  Specific session dates are scheduled for:
  1. October 10-11, 2008
  2. November 7-8, 2008
  3. December 1-2, 2008
     (Conference Dec 2-3)
  4. January 9-10, 2009
  5. February 6-7, 2009
  6. March 6-7, 2009
  7. April 3-4, 2009
  8. May 8-9, 2009

**If you are selected for the Partners in Policymaking Academy Class of 2009,** you will be asked to pay a <u>$10 non-refundable Registration Fee</u>, as a token of your commitment **and sign an agreement to:**

- Attend all sessions and arrive on time
- Complete all monthly homework assignments
- Develop and carry out a community project
- Conduct yourself in a professional manner during the sessions or while representing Partners.

For additional copies of the application, brochures, or other information, please contact Partners at (317)-232-7771 or PIP@gpcpd.org.

***Please note: You should remove this front cover prior to submitting the application, so you have contact information and information about the program.***

Applicant 09-_____

# PARTNERS IN POLICYMAKING ACADEMY

## Application for Participation

**Applications must be postmarked by ~~Friday, June 6, 2008~~**
**DEADLINE EXTENDED UNTIL JULY 7!! Please be thorough**

**Please Print**

NAME:_____ DATE:_____

ADDRESS:_____

CITY:_____ IN, ZIP:_____

COUNTY:_____

CURRENT EMPLOYER (if applicable): _____

POSITION:_____

DAY TELEPHONE: (____)_____ FAX: (____)_____

EVENING TELEPHONE: (____)_____ CELL: (____)_____

E-MAIL: _____

Best time(s) to call you: _____

How did you learn about Partners? _____

_____

Is the person who referred you a graduate Partner? ___ Yes ___ No ___ Don't know

How many times have you applied for Partners? _____

_____

| **DEMOGRAPHIC INFORMATION** (Confidential: Optional - For statistical purposes only) |
|---|
| **Applicant:** ☐ Female ☐ Male<br>☐ Person with a Disability ☐ Primary Caregiver (Parent) ☐ Both |
| **Age**: ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-60 ☐ 61-70 ☐ 71+ |
| **Household Income**: ☐ $0 -$15,000 ☐ $15,001-$25,000 ☐ $25,001-$35,000<br>☐ $35,001-$50,00 ☐ $50,001-$65,000 ☐ $65,001 + |
| **Race or National Origin**: ☐ African-American ☐ Asian ☐ Caucasian<br>☐ Hispanic ☐ Native American ☐ Other_____ |
| **Marital Status:** ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed |

1. Are you a person with a disability? ☐ Yes ☐ No

2. Are you a parent of a child with a disability? ☐ Yes ☐ No

3. If you are a parent of a child/children with a disability, please indicate the following:

Child 1: Name:_____ Age:___ Gender:___ Disability:_____

Child 2: Name:_____ Age:___ Gender:___ Disability:_____

List other children in household with age of each:

4. Please describe your disability (or your family member's) and how it affects self-care, learning, receptive and expressive language, mobility, capacity for independent living; economic self-sufficiency.

_____

_____

_____

_____

_____

5. What services (education, respite care, vocational training, case management, etc.) do you and/or your family member receive?

_____

_____

_____

_____

_____

6. Why are you interested in participating in the Partners in Policymaking Academy? Is there a specific issue, problem, or area of concern that encouraged you to apply?

_____

_____

_____

_____

_____

7. Why are you an excellent candidate for this program? (Use the back page if needed)

_____

_____

_____

_____

_____

8. Describe your ability to work as part of a team and give an example.

_____

_____

_____

_____

_____

9. Do you currently belong to any advocacy or civic organizations or support groups? If so, list them along with any offices you may hold. (Note: Membership in other organizations is not a requirement for your participation in this project.)

_____

_____

_____

_____

10. What types of experiences have you had in advocating for people with disabilities?

_____

_____

_____

_____

11. What skills, knowledge and abilities do you hope to gain if you are accepted into the Partners in Policymaking Academy?

_____

_____

_____

_____

12. If you are accepted, how will you use the skills and information you acquire for yourself/family and for others and the community?

_____

_____

_____

_____

_____

13. Will you make a time commitment of two days (Friday noon through Saturday afternoon) once per month for 8 months? (October-May)

**Attendance at ALL Partners in Policymaking sessions is mandatory!**

_____Yes _____ No

14. If you are employed, have you talked with your employer and arranged your work schedule?

_____Yes_____ No _____ Not Applicable

15. Sessions will be held in the Indianapolis area. Is there any reason why you may not be able to travel to Indianapolis?

_____Yes_____ No

If yes please explain:_____

16. Do you agree to complete monthly homework assignments?

_____Yes_____ No

17. Are there any accommodations that you need to participate in this program?

_____Yes_____ No

If yes, please check the accommodations that you need.

____ Child Care or Respite Care (# of children____)

____ Personal Care Attendant

____ Wheelchair Accessible Room

____ Alternative Formats -Please describe:_____

____ Service animal

____ Accessible transportation ___ Wheelchair ___ Non Wheelchair

____Other, (interpreters, Assistive Listening Device etc) Please describe:

19. Do you have more information you want to share? (You may use the back page of the application)

| |
|---|
| |
| |
| |
| |
| |
| |
| |

**20. PLEASE LIST TWO REFERENCES**

(In order to have your application considered for the Partners Program, we must have a *CURRENT name, address, ZIP CODE for all references.)*

NO FAMILY MEMBERS:

1. Name:_____

Address:_____

City, State, Zip:_____ IN, _____

Day Time Phone:_____

E-mail:_____

2. Name:_____

Address:_____

City, State, Zip:_____IN, _____

Day Time Phone:_____

E-mail:_____

**NOTE:**

- **References <u>will be contacted</u>**
- **You may be called for a telephone interview.**